SASKATCHEWAN CANCER FOUNDATION

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ANNUAL REPORT 1981-82

Annual Report

of the

SASKATCHEWAN CANCER FOUNDATION

April 1, 1981 to March 31, 1982

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Saskatchewan Cancer Foundation

Members

Mr. E. I. Schwartz
Chairman

Dr. R. B. Baltzan

Dr. J. L. Blackburn

Mrs. F. Clark

Mrs. K. Coates

Ms. S. M. Fowler

Dr. P. A. Glynn

Ms. D. Iverson

Mr. G. F. McCallum

Dr. R. G. Murray

Honourable Graham Taylor
Minister of Health
Province of Saskatchewan
Legislative Building
REGINA

December 1, 1982

Dear Mr. Taylor:

It is a pleasure to submit on behalf of the Saskatchewan Cancer Foundation our Annual Report for the year 1981-82.

The year was highlighted by the completion of the installation of the Linear Accelerator in the Allan Blair Memorial Clinic, in addition to the Clinic's renovations which will be completed in 1982.

The Government's provision of the first of a three year commitment for research funds was welcomed by the Saskatchewan Cancer Foundation. The monies were allocated to a variety of projects but in the main, were developmental in nature.

The Foundation was pleased to present to Government a proposal for a new clinic and research facility in Saskatoon. In addition, a proposal was made to the Department of Health for research space in the Regina Clinic.

The Foundation regretfully accepted the resignation of Mrs. Elta Brown who had served as Executive Director of the Cancer Program since 1978. The development of the Saskatchewan Cancer Foundation in its infant years well reflects the quality of Mrs. Brown's leadership. We are thankful that in early 1982, Mr. Peter H. Peters accepted the position of Executive Director.

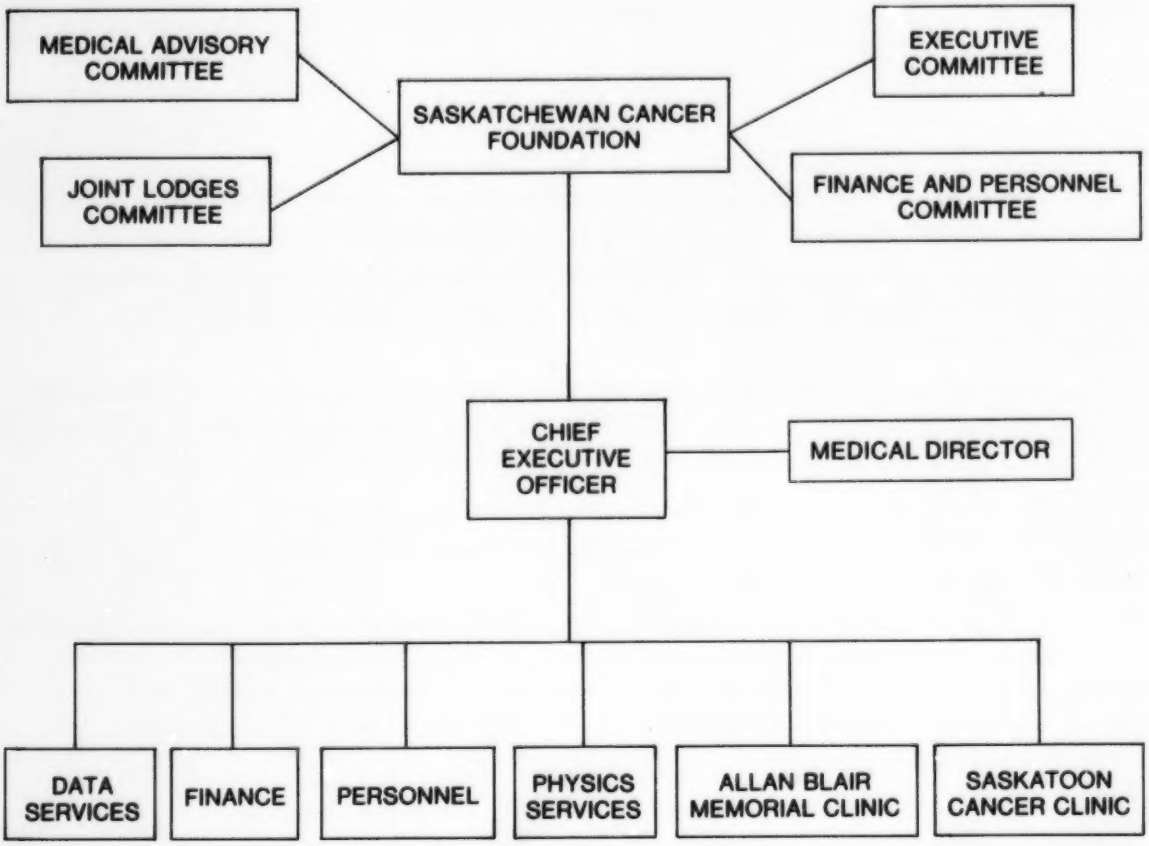
We thankfully acknowledge the continuing contribution of the Canadian Cancer Society as exemplified by the commencement of construction of a 28-bed patient lodge in Saskatoon. Appreciation is extended to Dr. D. J. Klaassen and Dr. C. H. Crosby who provided the medical leadership so necessary to the Foundation's program. The dedicated contribution provided by the Foundation staff continues to make cancer care in Saskatchewan a practical reality.

In closing, we would like to thank the Government of Saskatchewan and the Department of Health for their continuing support. Although we view optimistically the Saskatchewan Cancer Foundation's progress since its inception, we must not become complacent. The fight against this dreaded disease must go on with increased vitality and we look to you, Sir, to aid us in that battle.

Respectfully submitted,

E. I. Schwartz
Chairman

ORGANIZATION CHART



MEDICAL ADVISORY COMMITTEE

Dr. D. J. Klaassen — Chairman
Dr. C. H. Crosby
Dr. W. D. MacRae
Dr. J. B. McSheffrey
Dr. L. K. Moore
Dr. M. A. Poon
Dr. C. H. Rusnak
Dr. R. W. Twanow
Dr. C. M. Walker

JOINT LODGES COMMITTEE

Ms. S. M. Fowler
Mr. G. F. McCallum

EXECUTIVE COMMITTEE

Mr. E. I. Schwartz — Chairman
Dr. R. B. Baltzan
Dr. J. L. Blackburn
Dr. R. G. Murray

FINANCE AND PERSONNEL COMMITTEE

Dr. J. L. Blackburn — Chairman
Mrs. F. Clark
Mr. G. F. McCallum
Mr. E. I. Schwartz

ORGANIZATION

ADMINISTRATION

P. H. Peters
— *Executive Director*
R. J. Meldrum
— *Director of Finance*
O. H. Pratt
— *Director of Personnel*
D. L. Robson
— *Director of Data Services*
S. O. Fedoruk
— *Director of Physics Services*
J. M. Gebert
— *Administrative Assistant*
I. L. Morrow
— *Payroll Clerk*
M. J. Wenman
— *Accounting Clerk*

ALLAN BLAIR MEMORIAL CLINIC

Dr. C. H. Crosby
— *Director*
P. A. Anderson
— *Secretary*
J. A. Grill
— *Business Manager*
A. M. Sweet
— *Assistant to Business Manager*
B. I. Karchewski
— *Secretary*

SASKATOON CANCER CLINIC

Dr. D. J. Klaassen
— *Director*
A. A. Stanek
— *Secretary*
O. Belovanoff
— *Business Manager*
M. M. Wood
— *Assistant to Business Manager*

The Saskatchewan Cancer Foundation has established several sub-committees to facilitate the carrying out of its mandate. The Executive Committee of the Foundation is composed of the Chairman, Vice-Chairman and two other members. It considers any urgent business of the Foundation that may arise between regular meetings of the Foundation. The Medical Advisory Committee advises the Foundation on the provision of medical services and other related matters. Its membership includes the Medical Directors of the cancer clinics, two full-time physicians on the clinic staff, 3 specialists in private practice, 2 general practitioners, one representative from the College of Physicians and Surgeons of Saskatchewan and one representative from the College of Medicine. At least 10 and not more than 17 members may be appointed to the committee. The Finance and Personnel Committee consists of the Chairman — ex officio, and three other members of the Foundation. It makes recommendations regarding the financial operation of the program, as well as personnel matters including salary and fringe benefits of staff. The Joint Lodges Committee is a joint committee of the Saskatchewan Cancer Foundation and the Canadian Cancer Society, Saskatchewan Division. Its role is to evolve proposals for patient lodges in Regina and Saskatoon. Two members representing the Saskatchewan Cancer Foundation are members of the committee.

The development and operation of the Saskatchewan Cancer Program is the responsibility of the Saskatchewan Cancer Foundation. It employs a chief executive officer who is responsible for implementing the policies of the Foundation and for the ongoing operation of the program.

The Foundation maintains two service outlets — the Allan Blair Memorial Clinic in Regina and the Saskatoon Cancer Clinic. The clinics provide full diagnostic services, treatment services in radiotherapy and chemotherapy, and follow-up services. The clinics also serve as the centre for coordination of a comprehensive and multi-disciplinary approach for all aspects of care and treatment for the cancer patients.

The staff works closely with the patient's family physician, consulting physician and surgeon and other persons not directly employed by the Foundation to ensure the provision of high quality treatment and follow-up care.

Objectives

The objectives of the Saskatchewan Cancer Foundation are:

- the operation of cancer clinics for the examination, diagnosis and treatment of cancer patients
- the education of the public in the importance of the early diagnosis, prevention and treatment of cancer
- the training of technical personnel to assist in the examination, diagnosis, treatment and study of cancer and the provision of facilities for undergraduate and post-graduate study relating to cancer
- the conduct of and participation in research projects in connection with the diagnosis, prevention and treatment of cancer
- the establishment, maintenance and operation of hostels in connection with the clinics for the use of cancer patients

Historical Background

1929 The Saskatchewan Medical Association appointed a committee to study facilities available in the Province for treatment of cancer and recommended to the Minister of Health that a cancer program be established.

1930 The Saskatchewan Cancer Commission Act was passed which authorized a Commission to establish a cancer control program in Saskatchewan.

1931 Consultative diagnostic treatment clinics were opened at the Regina General Hospital and the Saskatoon City Hospital.

A radon plant was established at the University of Saskatchewan and was operated by the Cancer Commission until 1962.

1939 The Regina Cancer Clinic was relocated to the Regina Grey Nuns' Hospital.

1944 The Cancer Control Act replaced the Saskatchewan Cancer Commission Act, and provided treatment at provincial expense for persons who had been resident in the province for more than six months.

1945 Radioactive isotopes were introduced to a limited extent at the clinics.

1947 The Canadian Cancer Society provided a personal service worker at each clinic to help in the personal needs of the patient.

1948 The Regina clinic moved to a newly constructed wing of the Regina Grey Nuns' Hospital and was named the Allan Blair Memorial Clinic in recognition of the contribution of the late Dr. Allan W. Blair to the program.

1949 A 25 million electron volt betatron was installed at the University of Saskatchewan and became available for treatment of patients with advanced cancer until 1966.

1951 The first cobalt unit in the world was designed and installed at the Saskatoon Cancer Clinic.

1954 The cancer clinic in Saskatoon was moved to the newly constructed University Hospital.

1958 Treatment was extended as an insured benefit to persons who had been resident in the province for more than three months.

1962 Insured benefits for cancer treatment were extended to Saskatchewan residents who received treatment outside the province.

1963 Renovation and expansion of radiotherapy facilities at the Allan Blair Memorial Clinic were completed.

1966 Insured benefits were extended to landed immigrants from the day of arrival.

1970 The Minister of Public Health established a study team to review and examine all aspects of cancer care in Saskatchewan and the report was made available in 1972.

1972 A new radiotherapy facility was opened at the Saskatoon Cancer Clinic which included a new 42 million electron volt betatron.

The Cancer Control Act was amended to provide for the establishment of trust funds which could receive gifts, donations, bequests or grants.

1973 The Cancer Control Act was amended to restructure the Commission and redefine its powers and duties.

A new Commission was appointed in April 1973.

1975 Nuclear medicine services were transferred from the cancer program to the Boards of the University Hospital and the South Saskatchewan Hospital Centre as hospital-based services.

1978 Dr. T. A. Watson completed a study titled "A Report on Some Aspects of the Saskatchewan Cancer Program". Several recommendations were made in the report including the establishment of the Saskatchewan Cancer Foundation to replace the Cancer Commission and the purchase of a linear accelerator for the Allan Blair Memorial Clinic.

Construction was completed on the expanded and renovated radiotherapy facilities at the Allan Blair Memorial Clinic.

1979 The Saskatchewan Cancer Foundation Act was passed establishing a Foundation to replace the Cancer Commission. Under this Act, the Foundation conducts a program for the diagnosis, prevention and treatment of cancer.

1980 Renovation to the Allan Blair Memorial Clinic began with the construction of the chemotherapy treatment area.

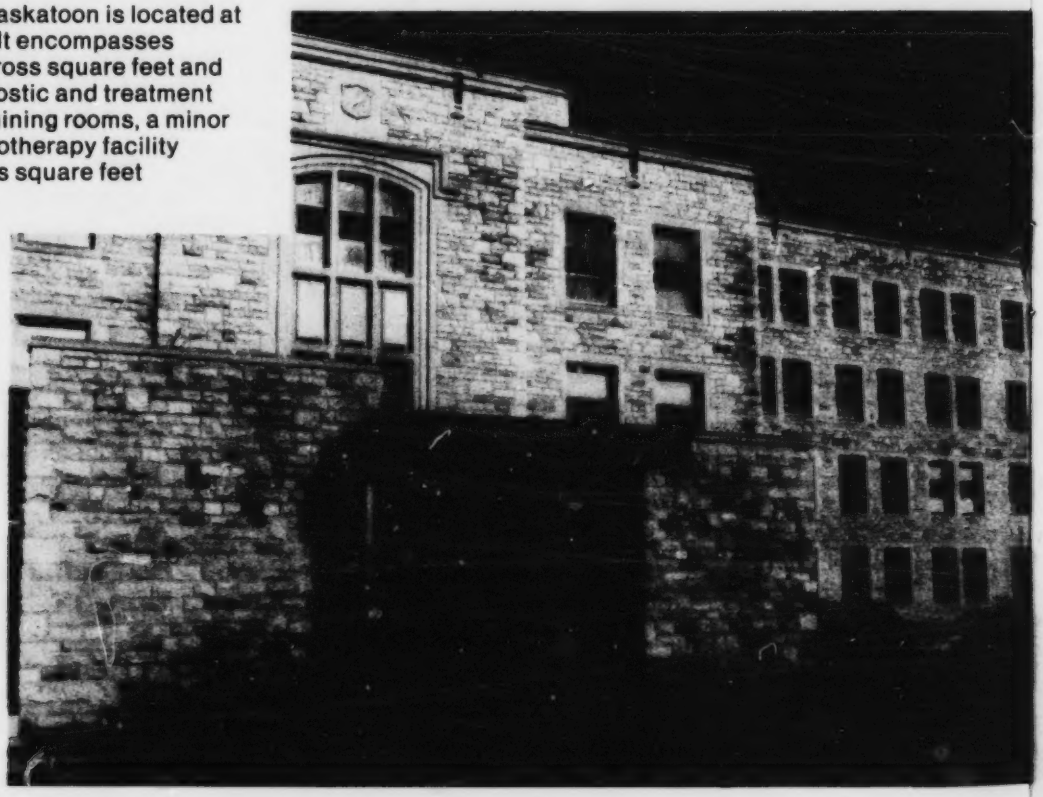
Facilities

Allan Blair Memorial Clinic

The Allan Blair Memorial Clinic is located at the Pasqua Hospital in Regina. The clinic encompasses approximately 23,000 gross square feet of space and has a full range of diagnostic and treatment facilities such as examining rooms, an endoscopy room, a minor surgical suite, a chemotherapy suite and a radiotherapy facility. Renovation to the clinic was begun in late 1980 commencing with the chemotherapy area.

Saskatoon Cancer Clinic

The cancer clinic at Saskatoon is located at the University Hospital. It encompasses approximately 23,000 gross square feet and has a full range of diagnostic and treatment facilities including examining rooms, a minor surgical suite and a radiotherapy facility located in a 10,000 gross square feet underground facility.



Eligibility and Benefits

To be eligible for benefits under the Cancer Control Program, a patient must be a resident of the province for three months and must be formally admitted to the program by his/her doctor. For landed immigrants and some special residents returning to Canada, this period is reduced to one day. Details on policies governing admission to the program, and payment of services, are included on Page 30.

There is no charge to eligible patients for diagnostic and treatment services received at the cancer clinics. In addition, the Foundation pays for authorized medical and surgical services provided by physicians in private practice, in-hospital drugs, and certain out-patient drugs used in the active treatment of cancer.

Eligible patients who elect to receive their cancer services outside the province are reimbursed at the same rates as if the service was provided in Saskatchewan. If a patient is referred out of the province by the Foundation for treatment not available in Saskatchewan, payment will be made for the medical and hospital expenses incurred. Non-residents who receive cancer services in Saskatchewan are charged at Saskatchewan rates for services rendered.

Nature and Scope of Services

The program offered by the Saskatchewan Cancer Foundation incorporates prevention, detection, diagnosis, treatment and follow-up of patients with malignant or premalignant disease. As a part of this comprehensive program, the Foundation also is involved in teaching and research that is complementary to the service activities.

Since only patients referred by doctors are admitted to the Cancer Control Program, the responsibility for suspecting cancer and facilitating its detection at the earliest possible time rests with the family doctor. When the family physician suspects the presence of cancer, and has completed his investigations, a diagnosis should be arrived at and an evaluation made as to the extent of the disease and the treatment required as soon as possible. To facilitate this process, the patient should be referred to the cancer clinic or appropriate specialists, whichever is most suitable. In all cases, the patient must be registered with the program within 14 days of making the diagnosis of cancer.

When a malignant condition is discovered, the clinic medical staff, the patient's physician, and consultant specialists plan and carry out a treatment program. If surgery forms part of the treatment, the patient and his physician may choose an appropriate qualified surgeon from a surgical roster maintained by the Foundation. If radiotherapy forms part of the treatment plan, it is administered by therapeutic radiologists on the staff of the clinics. Chemotherapy, the treatment of cancer through the administration of chemical agents, is carried out by clinic medical staff and by other physicians in consultation with clinic staff.

Regular follow-up examination of patients treated for cancer is a vital procedure in detecting recurrent disease and for assessing the effectiveness of treatments. The Saskatchewan Cancer Foundation maintains a comprehensive follow-up activity with all patients receiving regularly scheduled examinations after treatment by either personnel of the clinics or their family physician.

The staff of each clinic, in cooperation with the patient's family physician and consultant specialists, attempt during treatment and follow-up to prepare the patient both physically and psychologically for the future. Those who must be fitted with prosthetics are given instructions on how to adapt to them, while patients with certain disabilities are cared for at the Wascana Hospital in Regina or the rehabilitation unit of the University Hospital in Saskatoon. Patients and their families often go through successive periods of stress and readjustment when faced with problems created by a diagnosis of cancer. Medical Social Workers at each clinic are available to meet the social and emotional needs of the cancer patients and their families.

MEDICAL SERVICES

Medical Staff

Allan Blair Memorial Clinic

C. H. Crosby, B.Sc., M.D., C.M., F.R.C.S.(C), F.A.C.S. — Director
A. J. Bailey, M.B., Ch.B., M.R.C.P. (London) — Retired April 1981
W. A. Bethune, M.B., B.S., D.A.B.R.
G. H. Ewing, M.B., Ch.B., M.R.C.P.(Ed), F.R.C.P. (C)
W. T. Kuan, M.B., D.M.R.(T), F.R.C.P.(C)
S. K. Liem, M.D., D.A.B.R., F.R.C.P.(C)
L. L. Nilson, M.D.
J. H. MacIntosh, M.D.
M. A. Poon, M.B., F.R.C.P.(C)
S. Rayson, M.B., B.S., F.R.C.P.(C)
L. J. Rodrigue, M.D., F.R.C.S.(C), D.A.B.S.
H. G. Whiston, M.B., Ch.B., D.M.R.T., F.R.C.P.(C) — Director of Radiation Oncology

S. Young, B.Sc., M.D., C.M., C.R.C.S.
K. B. Wood, M.B., Ch. B.
} — Part time

Saskatoon Cancer Clinic

D. J. Klaassen, B.A., M.D., F.R.C.P.(C) — Director
G. R. Armitage, M.D., F.R.C.P.(C)
A. R. Dar, M.B., B.S., M.D., D.M.R.(T), D.A.B.R.(T), F.R.C.R., F.R.C.P.(C)
S. Y. Kan, M.D., D.A.B.R.(T)
A. W. Maksymiuk, M.D., F.R.C.P.(C)
A. Naidoo, M.B., Ch.B.
D. V. Schapira, M.B., Ch.B., F.R.C.P.(C)
W. R. Thorpe, B.Sc., M.Sc., M.D.

R. T. Card, M.D., F.R.C.P.(C)
D. Eidinger, M.D., Ph.D.
B. B. Malik, M.D., F.R.C.S.(C)
J. B. McSheffrey, B.A., M.D., F.R.C.P.(C)
S. Padmanabh, D.C.P., M.R.C.P.(Ed), F.R.C.P.(C)
L. F. Skinnider, M.B., F.R.C.P.(C)
S. Worobetz, M.D., F.R.C.S.(C)
} — Part time

Consultants

Pathology

H. J. Block, F.R.C.P.(C) — Saskatoon
D. Dexter, M.R.C.Path., F.R.C.P.(C) — Regina
H. E. Emson, F.R.C.P.(C) — Saskatoon

Diagnostic Radiology

G. Bray, D.M.R.D., D.A.B.R., F.R.C.P.(C) — Saskatoon
H. P. Kent, D.M.R.D., F.A.C.R., F.R.C.P.(C) — Saskatoon
J. G. Monks, F.C.C.P., B.A.O., D.M.R.D., F.R.C.P.(C) — Saskatoon
H. H. Phillips, M.D., F.R.C.P.(C) — Regina

	Allan Blair	Saskatoon
Nursing Staff	V. Curtis — Head Nurse J. Bartel M. Gautama G. Lefebvre S. McNea B. Priebe	S. Cianflone — Head Nurse B. Bourhis D. Hogg V. Stacey
	G. Burk S. Fraser T. Hill F. Moore	C. Bichon M. Grant —Part-Time
Radiotherapy Technologists	A. Kaytor — Chief Technologist	H. Walker — Chief Technologist
	M. Bardutz	D. Luukkonen P. Meeking W. Munro
	C. Klisowsky	N. Carlsen D. Rapp — Part-Time
Radiotherapy Technology Students		T. Cisecki E. Goretzky D. MacDonald P. Merrison C. Pelzer
Research Assistants	B. Orr	C. Thorpe

Medical Director's Report

1981 was a busy and productive year for the medical activities of the Foundation.

The Medical Advisory Committee membership is listed on page 6. It met on two occasions. Some of the specific items discussed included the problem of non-certified pathologists, patient follow-up policies, space and medical staff requirements of the clinics, dental services and relationships of the Foundation to the profession at large.

A Research Committee of the Foundation was established to review the research needs of the Foundation and to supervise the distribution of the funds provided to us for the first time in the 1981 budget. The funds were considered to be best utilized for developmental projects within the clinics. Part of the funds were allocated to various projects in the following areas:

1. Radiation-drug interactions in Saskatoon.
2. Cell culture program in Regina.
3. Two developmental physics projects in Regina.
4. Funds for assessment of the feasibility of hyperthermia research for the program.
5. Funding for co-operative group activities for the whole program.

The research programs taking place in the clinics or in conjunction with the clinics are listed on page 35.

The Physicians' Planning Group, comprised of physician representation from each Clinic, met twice during the year. This committee addressed and recommended changes in referral policies which were accepted later in the year. Referring physicians are now generally requested to refer patients to the clinics for assessment after a diagnosis has been determined. If consultation is required for diagnostic purposes, referral to the appropriate specialist in the community is recommended. Some changes in follow-up with more involvement of appropriate specialists and family physicians were also discussed and implemented. Common problems with reference to the Registry and Records activities, treatment policies, research policies and proposals were discussed. Other items discussed included bone marrow transplantation, drug benefits for the Foundation, the National Cancer Institute Breast Cancer Screening project, fee schedule items raised by the Saskatchewan Medical Association, joint educational problems and activities of the Division of Oncology and College of Medicine.

The second annual professional staff retreat was held in Saskatoon in November for the physicists and physicians. Present policies and achievements were reviewed and areas of future development discussed. Items particularly stressed were patient care changes, the direction of the research programs, outreach programs, and the relationship with surgery. In conjunction with this, a meeting of the Division of Oncology and the College of Medicine was held.

An affiliation agreement between the Saskatchewan Cancer Foundation and the College of Medicine was signed this year and is now completely implemented. The professional staff of the Foundation are now fully involved in the related activities of the College of Medicine through the Division of Oncology.

An important appointment made this year was that of Dr. H. G. Whiston as Head of Radiation Oncology for the Foundation. He will be responsible for coordination of radiation oncology activities for the program.

D. J. Klaassen, B.A., M.D., F.R.C.P.(C)
Medical Director

Activities

1981 was an exciting year for the Saskatchewan Cancer Foundation. Our facilities and staff were heavily taxed by the many demands placed on them. The staff are to be congratulated for the way in which they have risen to the many challenges they have faced. We are proud of the high quality care that we provide to our patients. In addition, we are heavily involved in a variety of educational activities and are now taking part on an increasing basis in many research activities.

The Saskatoon Cancer Clinic assisted in the preparation of a submission presented to the Minister of Health for a new Cancer Clinic and Research Facility in Saskatoon. New facilities are urgently required to better carry out present activities and to allow for future expansion. Plans were also prepared for remodelling of an extension of the Radiotherapy Department which will remain in its present location. In addition, plans were developed for the temporary remodelling of the main floor of the Clinic to better utilize existing space.

An exciting development was the acquisition of property, completion of plans and commencement of construction by the Canadian Cancer Society of a Patient Lodge for the Saskatoon Clinic. The Lodge located on College Drive near the University Gates will provide a much needed facility for out-of-town patients who require lodging while on radiation and chemotherapy treatments.

A radiation treatment simulator was installed in the Saskatoon Clinic in February, 1982.

The staff is involved in both clinical and laboratory research. A 300 square foot research lab in the Cancer and Medical Research Building is being used to carry out an active research program in the area of radiation-drug interactions.

The Annual Cancer Symposium was held in Saskatoon in June. The program topics, Bowel Cancer and Non-Hodgkins' Lymphomas, were well received reflecting the quality of the guest lecturers and the local faculty.

The Saskatoon Cancer Clinic staff were involved in many educational activities through the College of Medicine in the areas of undergraduate, post graduate and Continuing Medical Education, the College of Nursing with Continuing Nursing Education, and the Saskatchewan Division of the Cancer Society. These activities, although time consuming, are felt to be most important.

Dr. H. G. Whiston has been appointed to the position of Head of Radiation Oncology in the Allan Blair Memorial Clinic, and also Director of Radiation Oncology for the Saskatchewan Cancer Foundation.

Overall renovations have proceeded according to schedule at the Allan Blair Memorial Clinic and they will be completed by May, 1982. This will provide a facility much more efficiently designed and more comfortable for the examination and treatment of patients.

The staff is involved in both clinical and laboratory research. The Pasqua Hospital has assigned temporary space in the basement of the old hospital for housing the Cell Culture research project. A commitment has been made by the Pasqua Hospital to supply expanded research space in the area now occupied by laboratory facilities on the second floor of the hospital.

Property has been obtained for the Patient Lodge in Regina, by the Saskatchewan Division of the Canadian Cancer Society. As soon as appropriate funding is available, construction will be proceeding with a view to accommodating patients in this facility.

Number of Patients Examined for Cancer, by Patient Type and Clinic 1980 and 1981

Patient Type	Allan Blair Memorial Clinic Regina		Saskatoon Cancer Clinic		Total Both Clinics	
	1980	1981	1980	1981	1980	1981
New Patients						
Malignant	2,392	2,395	2,401	2,513	4,793	4,908
Benign	282	218	531	248	813	466
Still Under Investigation December 31	62	91	243	19	305	110
Total	2,736	2,704	3,175	2,780	5,911	5,484
Review Patient Visits						
Follow Up at Clinic	10,443	9,698	10,594	10,453	21,037	20,151
Follow Up Elsewhere	7,357	7,245	11,194	13,498	18,551	20,743
Total	17,800	16,943	21,788	23,951	39,588	40,894
Grand Total	20,536	19,647	24,963	26,731	45,499	46,378

An analysis of the distribution of new cancers diagnosed in 1981 by cancer site, sex, and age group is included on page 21 of this report. These distributions do not include neoplasms of uncertain behavior which are counted as benign in the above table.

The most prominent cancer sites for females are: skin, breast, cervix, colon and rectum. The most prominent cancer sites for males are: skin, prostate, lung, colon and bladder.

Number of Patients Treated by Radiation 1980 and 1981

Type of Radiation Treatment	Allan Blair Memorial Clinic Regina		Saskatoon Cancer Clinic		Total Both Clinics	
	1980	1981	1980	1981	1980	1981
Betatron			361	234	361	234
Linear Accelerator		7				7
Cobalt	666	666	764	713	1,430	1,378
X-ray	130	73	182	160	312	233
Interstitial and Intracavitary	24	36	45	31	69	67
Gold Grains	13	9	6	9	19	18
Beta-ray		9	11	4	11	13
Other (P32, I131)	15		19	26	34	26
Total	848	799	1,388	1,177	2,236	1,976

PHYSICS SERVICES

	Allan Blair	Saskatoon
Physicists	P. B. Morris, B. Sc., Ph.D. P. Dickof, M.Sc. A. J. White, B.Sc., M.Sc.	S. O. Fedoruk, B.A., M.A., F.C.C.P.M. — Director W. B. Reid, B.A., M.A., Ph.D., F.C.C.P.M. A. D. Baillie, B.Sc., Ph.D. R. Hummel, B.Sc.(EE), M.Sc., Ph.D.
Support Staff	J. Lawrence I. Hardie	R. Berthiaume J. McConnell K. Damm
Secretary		B. Anderson

Activities

Physics Services supports radiotherapy in both clinics through the continued maintenance of all aspects of radiation dosimetry; collaboration in treatment planning and in verification of the accurate execution of the plans; responsibility for all physical aspects of radiation protection; design and maintenance of radiotherapy equipment; and advice on the choice of new radiotherapy equipment and on the physical aspects of the design of buildings.

The design and maintenance of treatment planning programs continues to be a major undertaking with increasing emphasis being placed on the use of CT scanning information. In the Saskatoon Cancer Clinic, treatment planning programs are developed using a Tektronix 4051 computer in conjunction with a Sigma 9 computer. In the Allan Blair Memorial Clinic, the treatment planning programs are developed with a PDP 11/60 computer.

Current radiotherapy treatment equipment in the Allan Blair Memorial Clinic consists of a dual purpose x-ray unit, a Picker C9 Cobalt unit, a Siemens Linear Accelerator, and a Siemens Simulator. The Saskatoon Cancer Clinic houses two x-ray units (280 kVp and 120 kVp), a Siemens 42 MeV Betatron, an AECL Cobalt unit, and an AECL Simulator.

A major undertaking of the year at the Allan Blair Memorial Clinic was the replacement of the Siemens Mevatron 74 with the Mevatron 77 Linear Accelerator. The 74 was loaned to the Clinic at no cost by Siemens because of production problems with the 77 series. Installation was largely completed in August 1981, with patient treatment beginning in January 1982 (only 7 patients were treated with Mevatron 74).

A major undertaking of the year at the Saskatoon Cancer Clinic was the selection and commissioning of an AECL Therasim Simulator.

Physicists in both clinics are extensively involved with the Departments of Nuclear Medicine of the Pasqua, Plains, and University Hospitals. Major activities of the year were the selection and commissioning of the DEC Gamma II computer at the Pasqua Hospital and the MDS A^2 computer at the University Hospital. In addition, Physics Services continues to maintain all nuclear medicine and ultrasound equipment at the University Hospital.

The physicists also contribute to a number of committees concerned with radiation, including the Atomic Energy Control Board of Canada, Radiation Safety Committees of the University and Pasqua Hospitals, and the Radiation Health and Safety Committee of Saskatchewan.

Several national and international conferences were attended, including the Society of Nuclear Medicine, International Society for Optical Engineering, American Association of Medical Physicists and the Radiological Society of North America. Several papers and presentations were given at conferences throughout the year.

SOCIAL SERVICES

	Allan Blair	Saskatoon
Social Workers	B. Uncles, B.A., B.S.W.	E. Skinner, R.S.W.
Personal Services Workers	B. Butcher	C. Deering
Volunteers	W. Adair A. Deck L. Delarue K. Dexter M. Eicher M. Elliott L. Fahlman M. Hall B. Jefferson I. Kelly M. Lenz V. May E. Rogan M. Smith V. Soeder M. Tillie	V. Anderson S. Beallie H. Creed L. Graves D. Hickie S. Johnson M. Langley D. Listoe A. Luitin P. Morox L. Plemel D. Presber J. Verhey

Activities

The role of the Social Worker is to assess the patient's social environment and family support system in order to reduce those stresses which may inhibit the patient from responding in the most effective manner to medical treatment. The tools for this process may involve individual counselling, marital or family therapy, directing of patients to various income assistance programs, arranging for accommodation or transportation needs, or referral to vocational retraining programs, home care services or specialized community health and social agencies for particular problems.

The Social Worker is also involved with the Volunteer Program, personal development conferences and special projects, as well as addressing numerous community functions.

The Personal Services Workers primarily respond to the physical and emotional needs of patients in waiting room areas. Their function is to relieve anxieties by referral or personal intervention. They provide a personalized service by assisting in arrangements for transportation, accommodations, lunches, coffee, wigs, dressings and other special needs. They are involved with patient group activities and also assist in the supervision of training volunteers. The Personal Services Workers are funded through a contribution from the Canadian Cancer Society.

The volunteers give freely of their time to assist the patients in any manner possible during their outpatient appointments at the clinics. They provide a valuable service to the cancer patient and are an appreciated part of the Social Services Program.

During 1981 a review of the services to patients at the Allan Blair Memorial Clinic was undertaken. The Volunteer Program, which includes volunteers at the Clinic and volunteer drivers, was expanded. A formal referral system to be used within the Clinic and the Pasqua Hospital was introduced.

Liaison with the Regina Home Care Program and Saskatoon Home Care programs has been intensified in order to meet the needs of cancer patients requiring help in their home.

The Social Work Department has been working with the Canadian Cancer Society, Saskatchewan Division, to improve their service to Patients Program.

In 1981, the Social Worker at the Allan Blair Memorial Clinic received 101 new patient referrals and conducted 616 patient and family interviews. Collateral contacts with health team members, community service agencies and government agencies numbered 499. The most frequent reasons for social work involvement were to provide emotional support to patients and family, and to arrange for community care services upon discharge.

The Personal Services Worker in Regina provided many services to patients including emotional support, community support, information, wig fitting, in-hospital visits, mastectomy and nutritional information.

The Saskatoon Cancer Clinic introduced its first patient education video "Your First Day at the Clinic" which has been well received by patients. In addition, the V.T.R. equipment has provided a vehicle for staff in-service education.

The commencement of construction by the Canadian Cancer Society of a patient hostel has resulted in a revitalized look at the needs of out-of-town patients. Social Services participated in a sub-committee which made recommendations for building, furnishing and programming of the new patient hostel.

In 1981, the Social Worker at the Saskatoon Cancer Clinic conducted 777 interviews with patients and families; 301 consults on behalf of patients; supervised the volunteer program and student field placements from the School of Social Work and the Personal Development Program at Kelsey Institute. In addition, the Social Worker has responded to an increased teaching role both on and off the University Campus.

An additional grant from the Canadian Cancer Society allowed the Clinic to employ a second Personal Services Worker improving service to Radiotherapy patients. Personal Services Workers continue to provide important patient support services including the arranging of transportation and accommodation and the distribution of dressings. Their role has expanded to include Hostel Unit programming, hospital visitations and occasional home visits.

HEALTH RECORDS

	Allan Blair	Saskatoon
Health Record Administrators	K. Jensen	G. Grimsen
Statistics Staff	A. Watson K. Dorgan E. Hubick G. Korol	H. Whittaker L. Barber J. Frechette C. Ormiston P. Wanner
	P. Green M. Johnson	R. Jackson F. Lowe } — Part Time
Records Staff	M. Durston C. Folk A. Nimetz E. Robertus N. Strutt	N. Butschler L. FLeming D. Jaszan C. Johnson
	S. Monson	M. Popplewell — Part Time
Data Entry Staff	P. Gray	L. Miller — Part Time
Reception and Admitting	J. Epp D. Tendler	D. Dyal F. Dzioduck-Hackman S. Estey
Medical Typists	C. Bagu D. Dunham J. Holitski S. Rabak	A. Greva S. Boulin M. Emigh L. Kurji D. Leciuk O. Marriott D. Melnyk

Activities

The Health Records Department is involved with all aspects of patient information — generating, collecting, indexing and disseminating for the purpose of patient care, research and education.

In 1981, 4,879 new cancers were diagnosed. That is an increase of 29 cases over 1980 cancers. The overall incidence was 492.3 in 1981 as compared to 493.7 in 1980.

In the follow-up area, a total of 29,077 letters were sent out. Of these 21,126 were sent to physicians while 7,951 went to the patients or other health institutions responsible for their care. Both clinics continue to put a great effort into the follow-up system; the results of which are seen by the low number of cases which are classified "lost to follow-up".

In 1981, 41 statistical data analysis requests were carried out. Of these, 38 were retrieved from the computer system while 3 were retrieved from the statistical cards which are manually maintained.

The development of the addition of treatment data to the computer file reached the stage of detail design in 1981. Programming and procedural work on this segment will be done during 1982 with implementation expected in January, 1983. A new appointment system was designed in the latter part of 1981 to be implemented in 1982.

DISTRIBUTION OF NEW CANCERS BY SITE, SEX AND AGE GROUP — 1981

SITE	Sex	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	85+	Total
Lip	M						1		1	1	4	5	11	14	11	15	11	5	6	85
	F								1					2	1		1	1	1	7
Oral Cavity	M									4	1	3	3	2	2		2	1	2	20
	F					1				1	3	2	1	2	5		4	2	1	22
Pharynx and	M							1					2	3	1	5	2		1	15
Nasopharynx	F										1		1			1	1			4
Oesophagus	M											2		2	4	2	2	2	1	15
	F												1		1	1		1		4
Stomach	M								1	3	3	6	4	3	8	8	7	6	6	55
	F							1		1	2		3	4	4	1	3	7	7	33
Small Intestine	M						1			1	1					1	1		1	6
	F														1	1	1		1	4
Colon	M						2	1	1		2	3	4	17	15	28	24	15	16	128
	F						1	2	1	3	6	9	9	18	19	18	30	20	25	161
Rectum	M								1	1	3	8	12	11	18	20	18	12	8	112
	F								1	1	1	1	4	13	7	6	7	1	9	51
Liver, Gall	M					1			1		1		2	5	5	1	3	1	3	23
Bladder, Bile Ducts	F					1					1		1	1	3	2	7	5	6	27
Pancreas	M									1	3	4	1	2	10	10	6	7	4	48
	F										2	4	2	6	2	8	7	3	2	36
Larnyx	M								1	1	2	3	5	9	6	3	1	3	1	35
	F														1					1
Lung	M									5	7	12	37	41	51	54	44	29	20	300
	F							1		1	8	11	9	20	19	9	9	4	5	96
Breast	M											1						1		2
	F						1	7	18	13	29	57	53	52	62	44	37	29	24	426
Prostate	M											3	17	41	91	110	89	63	46	460
Testis	M					3	4	4		2										13
Other Male Organs	M								1			1							2	4
Cervix (Invasive)	F						3	3	2	3		1	3	3	2	2	2	3	1	28
Cervix (In-situ)	F				2	24	75	44	34	14	11	7		5	5		1			222
Uterus	F				2		1		1	4	6	8	19	18	20	15	7	7	5	113
Ovary	F					1		1		4	5	6	8	9	9	7	5	1	5	61
Other Female Organs	F											2				1	4		2	9
Other Urinary Organs	M	1				2	1		1	3	3	4	3	7	7	3	16	7	2	60
	F							1			1	1	3		5	2	2	5	1	21
Urinary Bladder	M						1	1	4		5	4	10	13	22	15	26	19	15	135
	F						1		1			2	2	8	5	6	7	5	4	41
Malignant Melanoma	M							1		2	3	4	3	3	4	2	3	2	3	30
	F				1	3	2	3		2	3	6	9	4	4	3	2	2		44
Skin	M					2	3	8	10	13	11	38	76	93	99	116	106	77	92	744
	F						4	3	11	15	22	43	46	49	77	61	87	52	87	557
Brain and Other parts of	M	2	4		1	1	1	1	1	1	5	2	3	2	5	3	1	1	1	35
Nervous System	F	1		2	2	2	1	2		1	1	2		2	3	1	2	1		23
Thyroid	M			1	1	2				1		1			1				1	8
	F						1	1	1	2	3	1	5	4	6		2	3		29
Bone and	M				1			1				1								3
Cartilage	F			1																1
Soft Tissue	M	1			1	1	2		1			1			2		2		2	13
	F						1	2			1	1	1		2		1	1	1	11
Hodgkin's Disease	M			1	1		3	5	2		1					1	1	1		16
	F				2	1	1			1					1				1	7
Lymphoid Tissue	M		2				3	2	2	4	2	9	4	6	9	8	2	2	5	60
	F									1	3	3	5	13	4	8	10	4		51
Leukemia	M	1	3		1	1	1	2	1		2	1	3	6	11	9	6	6	2	56
	F		1	1		1	2		1	2	1	4	6	8	6	8	4	1	2	48
Multiple Myeloma	M											2	1	9	3	4	5	3	1	28
	F								1		1	2			2			3	1	10
Miscellaneous	M	1	1							1		1	3	2	2	2	3	5	3	24
	F	2	1									1	3		2			1	1	11
Primary Unknown	M													1		1				2
	F											1					1		1	3
Secondary	M								1		2	1	1	1	5	7	9	5	3	35
	F							1			2	3	3	2	2	8	2	3	6	32
In-Situ	M										2	2	6	4	6	4	9	4	4	41
	F						1		1		7	2	8	5	8	9	13	5	15	74
Total — All Sites	M	6	10	2	6	13	23	27	30	44	63	122	211	297	398	432	399	277	251	2,611
	F	3	2	4	9	34	95	72	74	69	120	180	205	248	288	222	259	170	214	2,268
Total		9	12	6	15	47	118	99	104	113	183	302	416	545	686	654	658	447	465	4,879

INCIDENCE OF CANCER PER 100,000 POPULATION 1979, 1980, 1981

Site	Total Population (1)						Population at Risk (2)					
	1979		1980		1981		1979		1980		1981	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Lip	15.8	1.9	16.4	1.0	17.0	1.4	40.3	4.5	41.7	2.5	43.2	3.4
Oral Cavity	5.3	2.5	4.6	3.3	4.0	4.5	13.4	6.0	11.8	8.0	10.2	10.8
Pharynx & Nasopharynx	2.8	1.0	2.4	1.0	3.0	0.8	7.2	2.5	6.2	2.5	7.6	2.0
Oesophagus	5.1	0.8	3.6	0.6	3.0	0.8	12.9	2.0	9.3	1.5	7.6	2.0
Stomach	18.7	5.6	15.8	8.2	11.0	6.7	47.6	13.7	40.1	19.9	28.0	16.2
Small Intestine	0.6	0.4	0.0	0.6	1.2	0.8	1.6	1.1		1.5	3.1	2.0
Colon	22.5	31.4	27.5	28.1	25.7	32.7	57.4	76.3	69.9	68.2	65.2	79.1
Rectum	26.0	8.5	21.4	15.4	22.5	10.4	66.2	20.6	54.5	37.3	57.1	25.1
Liver, Gall Bladder & Bile Ducts	3.2	4.1	3.8	4.7	4.6	5.5	8.3	10.0	9.8	11.4	11.7	13.3
Pancreas	8.9	6.4	11.3	8.4	9.6	7.3	22.7	15.6	28.8	20.4	24.5	17.7
Larynx	6.3	1.2	4.9	0.4	7.0	0.2	16.0	3.0	12.3	1.0	17.8	0.5
Lung	53.4	14.7	62.7	17.8	60.2	19.5	136.0	35.6	159.4	43.3	152.9	47.2
Breast	0.4	74.1	0.4	79.0	0.4	86.6	1.0	180.1	1.0	191.5	1.0	209.3
Prostate	81.4		87.1		92.2		207.3		221.6		234.5	
Testis*	3.2		3.6		2.6		4.4		8.1		6.4	
Other Male Organs	0.6		0.8		0.8		1.6		2.1		2.0	
Cervix (Invasive)†		7.0		11.9		5.7		10.8		22.8		10.4
Cervix (In-Situ)†		23.5		34.3		45.1		36.2		87.1		111.8
Uterus		18.8		18.0		23.0		45.7		43.8		55.5
Ovary		15.3		15.4		12.4		37.1		37.3		30.0
Other Female Organs		3.1		3.9		1.8		7.5		9.5		4.4
Other Urinary Organs	9.3	7.2	9.9	5.1	12.0	4.3	23.8	17.6	25.2	12.4	30.6	10.3
Urinary Bladder	25.2	5.2	21.4	5.9	27.1	8.3	64.1	12.5	54.5	14.4	68.8	20.1
Malignant Melanoma (Skin)	5.1	5.4	4.9	6.2	6.0	8.9	12.9	13.0	12.3	14.9	15.3	21.6
Skin	146.4	111.0	156.8	118.3	149.2	113.2	372.8	270.0	399.0	287.1	379.2	273.7
Brain & Nervous System	6.7	5.2	8.1	4.7	7.0	4.7	17.1	12.5	20.6	11.4	17.8	11.3
Thyroid	1.8	4.5	2.0	5.9	1.6	5.9	4.7	11.0	5.1	14.4	4.1	14.3
Bone & Cartilage	1.0	1.2	1.0	0.6	0.6	0.2	2.6	3.0	2.6	1.5	1.5	0.5
Soft Tissue	3.9	1.9	2.8	2.7	2.6	2.2	9.8	4.5	7.2	6.5	6.6	5.4
Hodgkin's Disease*	2.6	3.1	4.0	1.0	3.2	1.4	3.5	4.1	8.1	1.4	6.7	1.9
Lymphoid Tissue	10.6	8.7	15.8	10.5	12.0	10.4	27.4	21.1	40.1	25.4	30.6	25.1
Leukemia	13.8	6.2	12.5	9.0	11.2	9.8	35.2	15.1	31.9	21.9	28.5	23.6
Multiple Myeloma	3.5	4.1	5.5	4.1	5.6	2.0	8.8	10.0	13.9	10.0	14.3	4.9
Miscellaneous	3.2	1.9	3.0	3.3	4.8	2.2	8.3	4.5	7.7	8.0	12.2	5.4
Primary Unknown	0.8	1.7	1.0	1.4	0.4	0.6	2.1	4.0	2.6	3.5	1.0	1.5
Secondary Site	9.3	4.5	5.9	6.8	7.0	6.5	23.8	11.0	14.9	16.4	17.8	15.7
In-situ Cancers	9.5	6.2	14.6	13.6	8.2	15.1	24.3	15.1	37.0	32.9	20.9	36.4
Total — All Sites	507.5	398.1	535.6	451.2	523.5	460.9	1,292.0	968.0	1,362.6	1,094.5	1,330.8	1,114.5
Total — All Sites — **Both Sexes**	**453.4**		**493.7**		**492.3**		**1,127.4**		**1,226.1**		**1220.7**	

Note (1) Population Statistics, 1979 based on Saskatchewan Hospital Services Plan, Covered Population, 1979.
Population Statistics, 1980 based on Saskatchewan Hospital Services Plan, Covered Population, 1980.
Population Statistics, 1981 based on Saskatchewan Hospital Services Plan, Covered Population, 1981.

Note (2) Population at Risk is 35 years of age and older, except for *15 years of age and older, † 20 years of age and older.

SASKATCHEWAN CANCER FOUNDATION
FINANCIAL STATEMENTS
Year Ended March 31, 1982

AUDITOR'S REPORT

To the Members of the Legislative Assembly
Province of Saskatchewan

I have examined the balance sheets of the Saskatchewan Cancer Foundation as at March 31, 1982 and the statements of general fund revenue and expenditure, general fund balance, trust fund revenue, expenditure and fund balance, research fund revenue and expenditure, and research fund balance for the year then ended. My examination was made in accordance with generally accepted auditing standards, and accordingly included such tests and other procedures as I considered necessary in the circumstances.

In my opinion, these financial statements present fairly the financial position of the Saskatchewan Cancer Foundation as at March 31, 1982 and the results of its operations for the year then ended in accordance with generally accepted accounting principles applied on a basis consistent with that of the preceding year.

W. G. Lutz

Regina, Saskatchewan
July 7, 1982.

W. G. Lutz, F.C.A.,
Provincial Auditor.

Statement 1

GENERAL FUND
BALANCE SHEET
As at March 31

	1982	1981
ASSETS		
Current:		
Cash and short-term investments	$ 329,638	$ 642,408
Grant receivable — Province of Saskatchewan	919,385	208,068
Accounts receivable and accrued interest	62,064	21,737
Prepaid expenses	7,148	15,541
Due from Trust and Research Funds	444	5,036
Total current assets	1,318,679	892,790
Fixed:		
Equipment, furnishings and leasehold alterations, at cost (Note 1)	3,399,945	2,529,426
Less: Accumulated depreciation	1,278,575	995,425
	2,121,370	1,534,001
	$3,440,049	$2,426,791
LIABILITIES AND FUND BALANCE		
Current:		
Accounts payable and accrued charges	$1,024,412	$ 571,394
Deferred Revenue (Note 5)	5,120	208,068
Total liabilities	1,029,532	779,462
Fund balance (Statement 3)	2,410,517	1,647,329
	$3,440,049	$2,426,791

(See accompanying notes to the financial statements)

Statement 2

GENERAL FUND
STATEMENT OF REVENUE AND EXPENDITURE
Year Ended March 31

	1982	1981
Revenue:		
Grants — Province of Saskatchewan	$10,125,523	$8,735,964
— Canadian Cancer Society	54,435	42,350
— other	13,715	10,871
Investment income	225,613	129,776
Charges to non-residents	15,264	12,818
Proceeds from disposal of equipment	6,739	24,879
Other income	72,432	24,017
	10,513,721	8,980,675
Expenditures:		
Salaries and employee benefits	4,464,085	3,579,611
Medical services	3,054,047	2,686,902
Drugs, medical and surgical supplies	653,406	499,258
Purchased services — diagnostic radiology	281,013	241,943
— laboratory services	191,653	184,901
— isotope services	160,436	162,366
Computer services	156,160	133,074
Equipment purchases and leasehold alterations (Note 1)	843,634	818,974
Repair and maintenance of clinic equipment	78,750	21,194
Contributions to hospital renovations (Note 6)	—	209,817
Other expenditures	521,113	438,262
	10,404,297	8,976,302
Excess of revenue over expenditures	$ 109,424	$ 4,373

(See accompanying notes to the financial statements)

Statement 3

GENERAL FUND
STATEMENT OF FUND BALANCE

Year Ended March 31

	1982	1981
Equity in fixed assets:		
Balance, beginning of year	$1,534,001	$ 934,804
Fixed asset acquisitions:		
— purchased by general fund, net of disposals	835,855	789,975
— purchased by trust fund	26,613	462
— donated	33,984	—
	2,430,453	1,725,241
Provision for depreciation	309,083	191,240
Balance, end of year	2,121,370	1,534,001
Unappropriated fund balance		
Balance, beginning of year	113,328	63,239
Final settlement payment from Province of of Saskatchewan for previous year	66,395	45,716
Excess of revenue over expenditure (Statement 2)	109,424	4,373
Balance, end of year	289,147	113,328
Fund balance, end of year	$2,410,517	$1,647,329

(See accompanying notes to the financial statements)

Statement 4

TRUST FUND
BALANCE SHEET

As at March 31

	1982	1981
ASSETS		
Cash and short-term investments	$335,606	$265,750
Accounts receivable	1,772	2,217
	$337,378	$267,967
Liabilities and Fund Balance		
Accounts payable	$2,238	$ 693
Due to General Fund	32	5,036
Total liabilities	2,270	5,729
Fund balance (Statement 5)	335,108	262,238
	$337,378	$267,967

(See accompanying notes to the financial statements)

Statement 5

TRUST FUND
STATEMENT OF REVENUE, EXPENDITURE AND FUND BALANCE

Year Ended March 31

	1982	1981
Revenue:		
Donations	$ 63,571	$ 56,198
Investment income	50,751	26,854
Contributions to dressing preparation project — "Eastern Star"	6,796	4,850
	121,118	87,902
Expenditure:		
Equipment purchases	26,612	462
Patients personal services	7,726	1,666
Materials for dressing preparation project	6,791	4,850
Library	2,216	1,061
Research	3,600	—
Other	1,303	257
	48,248	8,296
Excess of revenue over expenditure	72,870	79,606
Fund balance, beginning of year	262,238	182,632
Fund balance, end of year	$335,108	$262,238

(See accompanying notes to the financial statements)

Statement 6

RESEARCH FUND
BALANCE SHEET

As at March 31

		1982
ASSETS		
Current:		
Cash and short-term investments		$220,812
Fixed:		
Equipment and furnishings, at cost (Note 1)	$67,085	
Less: Accumulated depreciation	5,781	61,304
		$282,116
LIABILITIES AND FUND BALANCE		
Current:		
Accounts payable and accrued charges		$ 4,653
Due to General Fund		412
Total current liabilities		5,065
Fund balance, (Statement 8)		277,051
		$282,116

(See accompanying notes to the financial statements)

Statement 7

RESEARCH FUND
STATEMENT OF REVENUE AND EXPENDITURE

Year Ended March 31

		1982
Revenue:		
Grant — Province of Saskatchewan (Note 4)		$285,000
Investment income		40,008
		325,008
Expenditure:		
Salaries and employee benefits	$27,852	
Laboratory supplies	3,320	
Equipment and tools	72,500	
Other	5,589	109,261
Excess of revenue over expenditure		$215,747

(See accompanying notes to the financial statements)

Statement 8

RESEARCH FUND
STATEMENT OF FUND BALANCE

Year Ended March 31

	1982
Equity in fixed assets:	
Balance, beginning of year	$ —
Additions during year	67,085
	67,085
Provision for depreciation	5,781
Balance, end of year	61,304
Unappropriated equity:	
Balance, beginning of year	—
Excess of revenue over expenditure (Statement 7)	215,747
Balance, end of year	215,747
Fund balance, end of year	$277,051

(See accompanying notes to the financial statements)

NOTES TO FINANCIAL STATEMENTS

March 31, 1982

1. **Accounting Policies**

(a) **Fixed Assets and Depreciation**

The Saskatchewan Cancer Foundation utilizes fund accounting wherein all revenues and expenditures including those for fixed assets appear in the statement of revenue and expenditure. To maintain accountability for fixed assets, it is necessary to record them as an asset with a corresponding entry to "equity in fixed assets". All fixed assets costing $100 or more are recorded in this manner.

Fixed assets purchased through the Trust Fund are presented as assets of the General Fund. These acquisitions are not included in the fixed asset expenditures of the General Fund but are included in the Trust Fund expenditures. Assets purchased by the Research Fund are recorded as assets of that fund. The value of donated assets are recorded in the General Fund as a direct credit to "equity in fixed assets".

Fixed assets of the Foundation are depreciated on a straight-line basis over their estimated useful lives at rates ranging from 5 to 20% per annum.

As the acquisition of fixed assets is primarily financed by government grants, a provision for depreciation does not appear in the statement of operations but is charged to "equity in fixed assets" to reflect the decrease in the undepreciated cost of the fixed assets.

b) **Operating Surplus or Deficit**

Any operating surplus, exclusive of donations and investment income, is repayable to the Department of Health in the subsequent fiscal year. A deficit on operations is the responsibility of the Saskatchewan Cancer Foundation unless a prior commitment for reimbursement is recognized by the Department of Health. Such reimbursements when received in subsequent fiscal years, are credited to "unappropriated fund balance".

2. **Legal Status of Saskatchewan Cancer Foundation**

The Foundation was created under provisions of The Saskatchewan Cancer Foundation Act, 1979, and commenced operations on August 1, 1979.

Under Section 38(1) of the Act, the Foundation acquired ownership of the assets and rights and assumed responsibility for the debts, liabilities, and obligations of the Government of Saskatchewan and the Saskatchewan Cancer Commission relating to the operation of the clinics in Regina and Saskatoon under The Cancer Control Act.

3. **Restricted Trust Funds**

Certain contributions to the Trust Fund are designated by the contributors to be used for such purposes as cancer research, equipment and library books. The Foundation maintains a continuous record of the funds contributed and spent for each of the designated purposes until such funds are fully utilized. At March 31, 1982 a balance of $47,641 ($20,328 at March 31, 1981) remained to be used for the purposes designated by the contributors.

4. **Research Fund**

In the 1981-82 fiscal year, the Province of Saskatchewan provided an initial grant of $285,000 to enable the Foundation to establish a research department and to commence a number of research projects. The Department of Health has advised that the grants will be repeated in the 1982-83 and 1983-84 fiscal years. The Province has attached the following guidelines to the grants:

a) the expenditure of the grant will be at the discretion of the Foundation. The Foundation will assume responsibility for research costs in excess of the amount granted;

b) research funds, including investment income on the funds, will be kept separate from other funds of the Foundation.

The Foundation has met these guidelines by establishing the Research Fund separate from other funds of the Foundation.

At March 31, 1982 the Research Fund was committed to expenditures totalling $219,939.

5. **Deferred Revenue**

At March 31, 1981 grant funds of $208,068 relating to radiation therapy equipment'

purchases were held in the consolidated fund of the Province of Saskatchewan on behalf of the Foundation. This amount has been presented as deferred revenue.

6. **Contributions Toward Hospital Renovations**

During the 1980-81 fiscal year the Foundation made a payment of $209,817 to the South Saskatchewan Hospital Centre toward the cost of special housing for high energy radiation therapy equipment installed at the Allan Blair Memorial Clinic, Regina.

7. **Comparative Figures**

The presentation of General Fund expenditures has been changed to provide a more detailed statement of expenditures and the figures for the previous year have been restated accordingly.

POLICIES GOVERNING ADMISSION TO THE CANCER CONTROL PROGRAM AND PAYMENT OF SERVICES

CANCER CLINIC REFERRAL

Any person who has cancer (or allied disease defined as precancerous or premalignant conditions, carcinoma-in-situ, and certain conditions which antedate cancer), or is suspected of having such, may be referred by a doctor and an appointment requested by telephone, letter or referral form (available from the Clinics). Persons referred to the Clinics, who have been resident in the Province of Saskatchewan for 3 months, are eligible for admission to the cancer program. Wherever possible, in order to substantiate the diagnosis of cancer, it is recommended routine diagnostic evaluation be done by the family physicians or through referral to appropriate specialists prior to being referred to the Cancer Clinics.

INVESTIGATIVE SERVICES

Investigative services carried out, or authorized by the clinics, may include full history and physical examination; diagnostic radiologic services; diagnostic laboratory and pathologic services; radioisotopic procedures; specialty consultations; authorized diagnostic or exploratory surgery performed by suitably qualified and approved medical practitioners in private practice. Fees for such authorized services are a responsibility of the Cancer Foundation.

If a diagnosis of cancer is not substantiated, the patient is discharged from the clinic and referred back to his attending physician. He is **no longer** the financial responsibility of the Cancer Foundation.

PRE-ADMISSION DIAGNOSTIC PROCEDURES LEADING TO A DIAGNOSIS OF CANCER

Payment may be authorized for the following diagnostic procedures carried out by a medical practitioner prior to referral and admission of the patient to the Cancer Control Program, if the findings **are positive,** and the patient is **referred** and admitted to a cancer clinic **within 14 days:**

Biopsy of skin including lip but **excluding pigmented lesions** clinically suspicious for malignant melanoma

Lymph node biopsies

Fine needle biopsy or aspirate cytology

Simple biopsy of cervix

Cone biopsy of cervix performed by a qualified surgeon

Dilation and curettage

Prostatic biopsies

Endoscopy (Esophagoscopies, Bronchoscopies, Gastroscopies)

Cystoscopy

Sigmoidoscopy

Angiography

Aortography

Encephalography

Ventriculography

Myelography

N.B. Breast Biopsy is excluded unless performed by a qualified surgeon

Any other pre-admission diagnostic services are not the responsibility of the Cancer Foundation.

PRE-ADMISSION SURGICAL PROCEDURES LEADING TO A DIAGNOSIS OF CANCER

The Saskatchewan Cancer Foundation **cannot** recognize any claim for medical care of a cancer patient unless the patient has been previously admitted to a cancer clinic and the care authorized, excepting when an **emergency operation** is necessary for a cancerous condition, and the cancer clinic is informed within 7 days. Similarly, when an operation is performed on a provisional diagnosis of a benign condition, and a cancerous condition is found to be the principle disorder present, although not previously suspected, the Cancer Foundation

will accept responsibility. Under certain or special circumstances, a patient may be admitted to the Cancer Control Program without personal attendance at a clinic. This applies in the case of certain skin cancers, completely excised; carcinoma-in-situ of the cervix, and certain other gynecological and urological cancers not requiring consultation or multimodal therapy. The cancer clinic, however, must be notified of the diagnosis, treatment and plans for management, and receive a copy of all pertinent records within the time limits mentioned. Certain surgical cases completely assessed at a major hospital may be authorized by the surgeon communicating with the Director of the cancer clinic by letter or by telephone. It is necessary in such cases that all pertinent records and reports be sent within the 14 days limit for purposes of registration, documentation and authorization of payment for the accounts by the Saskatchewan Cancer Foundation.

POSTMORTEM DISCOVERY OF CANCER

Accounts in connection with the management of a patient who is found at postmortem to have cancer, are **NOT** the responsibility of the Cancer Foundation and should be processed through the other payment agencies with the statement that the diagnosis was **NOT** known prior to postmortem examination.

TREATMENT SERVICES

Surgical

When investigation discloses cancer, and surgical treatment is indicated, the patient or his referring physician may choose a surgeon; the final choice of surgeon always rests with the patient. In the exceptional case, when neither the referring physician nor the patient has a preference, then a roster is used to assist the patient in selecting his surgeon.

The Saskatchewan Cancer Foundation will pay surgeons at specialty rates for procedures authorized by the Foundation, provided the surgeon is Certified or is a Fellow of the Royal College of Physicians and Surgeons of Canada, and is on the list of the College of Physicians and Surgeons of Saskatchewan for payment at specialty rates. Furthermore, the surgeon must have previously applied to the Executive Director of the Saskatchewan Cancer Foundation to have his/her name included on the Surgical Roster of the Foundation, and must provide evidence that their practice is located in a community with adequate hospital faciities including radiology, pathology, surgical and anesthetic services, and suitably trained personnel to operate such facilities.

In cases of unusual difficulty, or requiring possible multimodal therapy, it is recommended that preoperative consultation and authorization be obtained from the Foundation.

Surgeons wishing to make application for an appointment to the Saskatchewan Cancer Foundation for inclusion on the surgical roster, should write to the Executive Director, Saskatchewan Cancer Foundation, Suite 400 Parliament Place, 2631 - 28th Avenue, Regina, Saskatchewan, S4S 6X3.

Breast Cancer

It is the policy of the Saskatchewan Cancer Foundation that biopsy and elective surgery for patients with suspected breast cancer be carried out by qualified surgeons in hospitals with a qualified pathologist and facilities for the performance of major surgery.

Unless these conditions are met, financial responsibility for breast surgery will not be assumed by the Cancer Foundation.

Medical

The Saskatchewan Cancer Foundation will pay internists and pediatricians for definitive chemotherapeutic management of leukemias and lymphomas, provided:

- they are certified in medicine or pediatrics by the Royal College of Physicians and Surgeons of Canada, or hold the F.R.C.P. (Canada); and have had past experience or special training in the use of cancer chemotherapeutic agents;
- the patient has been admitted to the Cancer Control Program;

— there is cooperation with the medical staff of the cancer clinic to ensure:

i) initial and continuing provision of the chemotherapeutic drugs;

ii) appropriate safeguards for the patient against untoward toxicity;

iii) the keeping of detailed clinical and laboratory records of the progress of the patient, at the cancer clinic.

Specialists' consultations are paid when authorized by a Clinic Director.

Medical care of complications directly related to surgery for cancer is payable by the Saskatchewan Cancer Foundation.

Supportive medical care required by **special** medical circumstances and provided by a qualified internist is also payable by the Cancer Foundation.

Radiotherapeutic

All radiotherapeutic treatment is performed by the staff of the cancer clinic involved.

Chemotherapeutic

A wide range of chemotherapeutic drugs, proven to be useful in the control of cancer are in use by the medical staff of the cancer clinic involved. These drugs are provided without charge to the patient.

Certain drugs may be provided to the practicing physician for administration to his patient, under the general supervision of the cancer clinic staff provided:

— the patient has been previously admitted to the Cancer Control Program;

— the drug may have usefulness in the management of the patient's cancer;

— the toxicity of the drugs is low, or the tolerance of the patient for the drug has been determined previously by the medical staff of a cancer clinic; or the patient is in the advanced stage of his illness;

— regular clinical and laboratory reports in the required detail are submitted to a cancer clinic.

Accounts concerning the administration of these drugs, or day to day supervision of such patients, may be paid by the Saskatchewán Cancer Foundation.

FOLLOW-UP (REVIEW) SERVICES

When treatment for cancer is completed, and the patient is ready to return home, arrangements are made for follow-up examinations. The family doctor or specialist may be requested by a Clinic Director to conduct review examinations. Requests for review examinations by either a specialist or the cancer clinic may be initiated by the family physician by letter to the Clinic Director. A specialist may make requests of the cancer clinic for review examinations as well by the same procedure.

Cancer patients are encouraged to consult their local physician for purposes of familiarization of the doctor with the progress of the patient, and for purposes of supportive treatment or advice related to their malignant conditions. Fees for such services are payable by the Cancer Foundation. A report of the examination must be submitted to the cancer clinic concerned. A correspondence fee, if appropriate, will be paid by the Cancer Foundation.

SUPPORTIVE CARE

Should the patient's condition be advanced at the time of the first examination by the family physician, his continuing care may be authorized **without prior personal attendance** at a clinic, provided the attending physician notifies the Clinic Director. Payment is on a fee-for-service basis.

DRUG SERVICES

Authorized cancer patients in hospital receive all drugs without direct charge. Drugs are **not** supplied as a benefit to out-patients, excepting for certain hormones and chemotherapeutic agents which are provided by the cancer clinics for active treatment of cancer, and certain replacement drugs made necessary by treatments directed towards the control of cancer.

SERVICES EXCLUDED FROM CANCER FOUNDATION RESPONSIBILITY

The travelling expenses of patients to and from clinics are **not** paid by the Saskatchewan Cancer Foundation.

Private or semi-private ward accommodation, and the services of private duty nurses are **not** paid by the Saskatchewan Cancer Foundation.

Medical care for pre-existing non-malignant disease is **not** the responsibility of the Saskatchewan Cancer Foundation.

Fees for authorized diagnostic or exploratory surgery, even though a benign condition be found, may be billed to the Saskatchewan Cancer Foundation. However, fees for concurrent, definitive treatment of benign conditions are **not** the responsibility of the Saskatchewan Cancer Foundation.

Medical and surgical services rendered to a person prior to admission to the Cancer Control Program are not payable by the Saskatchewan Cancer Foundation.

SERVICES AVAILABLE TO NON-CANCER CASES

Persons with non-malignant conditions may be referred to a cancer clinic for treatment by radiotherapy. Fees for medical and surgical services rendered to such persons are not payable by the Saskatchewan Cancer Foundation.

CORRESPONDENCE SERVICES

In the case of all patients, malignant or non-malignant, which may be seen initially or periodically at the clinics, a full report is mailed to the referring physician as soon as possible. If the patient is hospitalized, progress reports will be sent, either during hospitalization, or at the time of the patient's discharge to his home.

BILLING PROCEDURES

Physician accounts should be sent direct to the Medical Care Insurance Commission, 3475 Albert Street, Regina S4S 6X6, using the MCIC claim cards, as they process these accounts for payment on behalf of the Saskatchewan Cancer Foundation. All other accounts should be sent to the cancer clinic where the patient is registered.

SERVICES OUTSIDE THE PROVINCE

All requests for consultation or treatments which are not available in Saskatchewan, are made by contacting the Clinic Director of the cancer clinic concerned. Financial approval of such special out-of-province referrals may then be authorized by the Executive Director.

Requests on behalf of cancer patients are **not** to be sent to the Medical Care Insurance Commission.

Payment by the Foundation for out-of-province services is made under the following circumstances:

(1) When a patient has been referred out-of-province for consultation or treatment not available in Saskatchewan, as outlined above, the cost of such treatment is paid by the Saskatchewan Cancer Foundation. The cost of hospital care is paid by the Saskatchewan Hospital Services Plan. Other costs such as travel, sustenance and accommodation are the patient's responsibility.

(2) The regulations regarding unsuspected and emergency treatment of cancer, apply outside the Province as well.

(3) If neither 1 or 2 apply, and a person receives definitive treatment outside the Province, the Saskatchewan Cancer Foundation will only assume financial responsibility, where:

   (a) the attending physician was a specialist with qualifications recognized by the Saskatchewan Cancer Foundation;

(b) the appropriate cancer clinic receives complete clinical data from the attending physician including history, physical examination, operative and pathology reports and a discharge summary. The disposition of patient and arrangements for follow-up examinations should be included and subsequent reports sent to the cancer clinic;

(c) the person attends the cancer clinic for follow-up care immediately upon his return to Saskatchewan.

(4) Subsequent follow-up examinations may be conducted out-of-province provided a report is submitted by the attending physician(s).

(5) Advanced care may be conducted out-of-province, if the patient remains a resident of Saskatchewan or, for three months only, if the patient gives up Saskatchewan residence.

(6) When a Saskatchewan resident moves out of the province and establishes residence elsewhere, and develops cancer, the Saskatchewan Cancer Foundation will pay for medical and surgical management as outlined above, for a period of three months only from the date of departure.

In each case either the patient or his physician will be reimbursed at the same rates, and subject to the same conditions as if the services were provided in Saskatchewan.

CANCER DATA SERVICES

Since 1946 every effort has been made to collect complete statistical data concerning cancer in Saskatchewan. For each patient referred a record containing personal and clinic information is completed.

Also through the assistance of the practicing pathologists, copies of pathology reports of cancer are forwarded regularly to the appropriate cancer clinic.

The submission of such a pathology report of cancer by a pathologist is a statistical matter and does not constitute the referral of the patient to a cancer clinic.

CYTOLOGY SERVICES

The Provincial Cytology Laboratory is located in the Pasqua Hospital in Regina and provides all necessary equipment for the performance of cervical cytology technique upon request, without charge. A rapid reporting service acquaints the physician with the result by mail or telephone. A manual of instruction entitled "Prevention of Cancer, The Female Genital Tract — Saskatchewan", is available from the Provincial Cytology Laboratory, or from the Canadian Cancer Society (Saskatchewan Division), 101 - 2629 29th Avenue, Regina, Saskatchewan S4S 2N9.

RESEARCH PROJECTS

1. Summer Student Projects 1981, Saskatoon Clinic:
   (1) Stage II Breast Cancer (Barclay, Alexander)
   (2) Pediatric Sarcomas (Walton, Naidoo, McSheffrey)
   (3) Small Cell Cancer of Lung (Yeman, Dar)
   (4) Adenocarcinoma of Lung (Peterson, Maksymiuk)
   (5) Cancer Patient Attitudes to Unconventional Cures and their Insight into Prognosis (R. Eidinger, Schapira)
2. Breast Cancer in Saskatchewan (Barclay)
3. Pathological and Epidemiological Study of Cancer in Patients on Contraceptives (Black, Schapira, Barclay)
4. Sister Chromatid Exchanges in Human Malignancies (Mitter, Shokeir)
5. Psychosocial Adjustment to Breast Cancer (Jardine, Shepel, Zemore)
6. Study of Peripheral Blood Cells by Colony Assay in Breast Cancer (Skinnider)
7. Trials of National Cancer Institute of Cancer Clinical Trials Group:
   (a) Myeloma
   (b) Melanoma
   (c) Lung
   (d) Acute Leukemia in Children
   (e) Hodgkin's Disease
   (f) Colon
   (g) Breast
8. Hutterite Geneology Study (McDuffie, Shokeir)
9. External Sonic Contouring Devices (Reid, Hummel)
10. Pilot Studies — Phase II:
    (a) Brain (Naidoo, Alexander)
    (b) Lung — Oat Cell (Dar, Armitage)
11. Trial of Immunotherapy (BCG) in Glioblastoma (McQueen, Eidinger)
12. Studies of Prognostic Factors in Breast Cancer (Schapira)
13. Ceruloplasmin as a Diagnostic and Prognostic Test in Cancer (Schapira)
14. Radiation-Drug Interactions (Thorpe)
15. Co-operative Group Studies (Klaassen, Poon)
16. Study of Hemopoietic Malignancies by Colony Culture (Skinnider, Maksymiuk)
17. Human Solid Tumor Cell Culture Program (Hickie, Klaassen)
18. Optical Patient Contour Measurement (Baillie)
19. Study on Cancer of the Bowel (Bethune)
20. Study on Cancer of the Pancreas (Dar)
21. Study on Dysgerminoma of the Ovary (Dar)
22. Study on Etiology of Malignant Melanoma in Western Canada (Robson)
23. Study on Cancer of the Testis (Poon)
24. Survey on Cancer of the Thyroid (Bethune)
25. Cell Culture Project (Poon)